INTRODUCTION

BMA Cymru Wales is pleased to provide a response to the consultation by the Welsh Government on changes to the eligibility criteria for the Blue Badge Scheme in Wales.

The British Medical Association (BMA) is an independent professional association and trade union representing doctors and medical students from all branches of medicine all over the UK and supporting them to deliver the highest standards of patient care. We have a membership of over 153,000, which continues to grow every year. BMA Cymru Wales represents over 7,500 members in Wales from every branch of the medical profession.

RESPONSE

Question 1. Do you agree that people who are “unable to walk or have considerable difficulty in walking by reason of a temporary but substantial disability which is likely to last for a period of at least 12 months” should be issued with a temporary Badge?

BMA Cymru Wales is supportive of this proposal. We recognise that such people have a clearly recognisable need.

Question 2. Do you think that the list below is appropriate? People with complex leg fractures with external fixators; People who have experienced a stroke or head injury and are making a slow but steady recovery; People with spinal trauma with neurological leg functional loss and are making a slow but steady recovery; People with severe functional leg impairments who are awaiting or undergone joint replacement and are making a slower recovery than expected

Yes, we are supportive of the categories listed.
Question 3. Do you consider that there are temporary impairments that would not be covered in the proposed eligibility criteria, but should be?

It could be seen as reasonable to include any condition which impairs mobility as defined by the former DHSS criteria, i.e. a condition which prevents an individual from being unable to walk 50 yards without severe discomfort, pain or breathlessness. It could also be reasonable to include all those who are terminally ill and coded red or amber by their care team, information on which should already be held by social services.

Question 4. Do you think that it is reasonable to ask applicants under the proposed temporary impairment eligibility criteria to provide evidence from their health professionals, or to be referred to an occupational therapist?

In our view, the claimant should provide a diagnosis themselves in the form of a signed statement of truth stating the extent of the limit to their mobility, and this should then be referred to an occupational therapist for assessment. We would consider that a precise diagnosis is of lesser importance than undertaking a functional assessment.

Question 5. For how long should Badges be issued under the proposed temporary impairment eligibility criteria?

We do not offer a definitive view, but would suggest it should be for either one or two years.

Question 6. Do you agree that local authorities should refer to only independent health professionals, and not GPs (where additional medical expertise is required) to determine whether applicants meet the discretionary mobility eligibility criteria?

Yes, we agree that there should be an independent assessment and we would also recognise that an occupational therapist (or a consultant in rehabilitation) will be able to make a better judgement of mobility needs than a GP. Again, we would reiterate the point we made above that a diagnosis is of less importance than assessing a claimant’s functional ability.

Question 7. Are there circumstances where you think information from a GP should be used in assessing an application for a Badge? If so, what are these circumstances?

We do not think this is necessary if applications are assessed by an occupational therapist and claimants also provide a signed statement outlining the extent of their impaired mobility on a form which clearly points out the legal status of the document they are signing together with any penalties for providing misinformation. Given the constant and increasing pressure which exists within general practice in Wales, which has already been acknowledged by Welsh Government, it is important to recognise that requiring GPs to provide paperwork for such assessments is not something that can be sustained without further impacting on a service which is already under severe strain. As we have stated already, what is most important for assessing an individual’s entitlement to a Blue Badge is a functional assessment which can be provided by an occupational therapist.

Question 8. Do you agree that streamlined processes should be put in place for Badge holders to replace their badges when they expire without re-assessment?

We would agree with this in regard to those with a long term condition where their impairment is not expected to improve. A functional assessment should however be undertaken for those who have received a badge as a result of a temporary impairment if they are then seeking to renew it.
Question 9. Do you agree that local authorities should not have to process applications for a Badge under the discretionary mobility criteria when the applicant has been assessed for welfare benefits that use the same criteria and has been turned down?

We would support this providing that the assessment undertaken for the purpose of determining eligibility to welfare benefits is one which has been conducted by an occupational therapist. We understand, however, that some assessments may be conducted by nurses employed by private companies who may be working to quotas.

Question 10. It is intended that the proposal in question 9 should only apply to people who have undergone an assessment for the relevant benefits and failed to meet the eligibility criteria within the previous 12 months. Do you agree that this is a reasonable timescale?

We would agree that such a timescale is reasonable.

Question 11. Do you think that local authorities should be able to cancel a Badge for misuse where sufficient evidence shows that a Badge has been persistently misused or abused, without a “relevant conviction”?

Yes, we would certainly support this. Consideration could also be given to undertaking and publicising prosecutions for such abuse in order to act as a deterrent to others.

Question 12. If you answered yes to question 11 above, under what circumstances do you consider that refusing to issue, or cancelling a badge would be justified?

In our view, this could include use of the badge when the badge holder is not actually present in the car. Consideration should also be given to including cases where a badge holder is parking in a manner which causes clear obstruction of the highway. In cases where it is determined that a claim has been made fraudulently, this should automatically lead in our view to the badge being cancelled and legal proceedings being instigated.

Question 13. What would you consider to be sufficient evidence of misuse or abuse to refuse to issue or to cancel a badge, short of a “relevant conviction”?

This could include photo evidence of abuse a set number of times, use of a badge when the holder is not present or continued use by a badge holder after they have recovered from the condition which led to them being eligible in the first instance.

Question 14. We have asked a number of specific questions. If you have any related issues which we have not specifically addressed, please report them.

We recognise that the majority of citizens are honest and truthful, but we agree there is a need to ensure the system is able to pay more attention to identifying those who are dishonest and abuse the system.